

Affected Programs: BadgerCare Plus, Medicaid

To: Federally Qualified Health Centers, Home Health Agencies, Individual Medical Supply Providers, Medical Equipment Vendors, Nursing Homes, Occupational Therapists, Pharmacies, Physical Therapists, Rehabilitation Agencies, Therapy Groups, HMOs and Other Managed Care Programs

2013 Procedure Code Changes for Durable Medical Equipment

Effective for dates of service on and after January 1, 2013, ForwardHealth is updating durable medical equipment coverage, policies, and limitations to reflect 2013 Healthcare Common Procedure Code System (HCPCS) procedure code changes. These changes include the following:

- The addition of new reimbursable HCPCS procedure codes.
- The addition of existing HCPCS procedure codes, now available for ForwardHealth reimbursement.
- Revisions to ForwardHealth policy and reimbursement for certain existing HCPCS procedure codes.
- The indication of new noncovered HCPCS procedure codes.

Effective for dates of service (DOS) on and after January 1, 2013, ForwardHealth is updating durable medical equipment (DME) coverage, policies, and limitations to reflect 2013 Healthcare Common Procedure Code System (HCPCS) procedure code changes. These changes include the following:

- The addition of new reimbursable HCPCS procedure codes.
- The addition of existing HCPCS procedure codes, now available for ForwardHealth reimbursement.
- Revisions to ForwardHealth policy and reimbursement for certain existing HCPCS procedure codes.

- The indication of new noncovered HCPCS procedure codes.

Refer to the Attachment to this *ForwardHealth Update* or the DME Index in the Providers area of the ForwardHealth Portal for detailed information on changes to coverage, policies, and limitations.

Added HCPCS Procedure Codes

New HCPCS Procedure Codes

New HCPCS procedure code E2378 (Power wheelchair component, actuator, replacement only) is reimbursable effective for DOS on and after January 1, 2013.

Existing HCPCS Procedure Codes

The following existing HCPCS procedure codes are now reimbursable by ForwardHealth effective for DOS on and after January 1, 2013:

- E0956.
- E1008.
- E2201.
- E2351.

Refer to the Attachment of this *Update* for detailed information on added HCPCS procedure codes for DME providers.

Policy Changes for Existing HCPCS Codes

ForwardHealth has revised policy and reimbursement for the following HCPCS procedure codes effective for DOS on and after January 1, 2013:

- E0450.
- E0460.
- E0461.
- E0463.
- E0464.
- E0472.
- E1031.

Refer to the DME Index on the Portal for more information on changes to these codes; code changes are highlighted in yellow in the Index.

New Noncovered HCPCS Procedure Codes

The following new HCPCS procedure codes will not be covered by ForwardHealth:

- E0670.
- L5859.
- L7902.
- L8605.
- V5281.
- V5282.
- V5283.
- V5284.
- V5285.
- V5286.
- V5287.
- V5288.
- V5289.
- V5290.

New Requests for Prior Authorization

Providers may use the added HCPCS procedure codes for new prior authorization (PA) requests for DOS on and after January 1, 2013.

Reimbursement

Providers should refer to the Attachment or the DME Index on the Portal for reimbursement information.

Providers are reminded that the BadgerCare Plus Benchmark Plan and the BadgerCare Plus Core Plan reimburse up to \$2,500 per member per enrollment year for DME. The BadgerCare Plus Basic Plan reimburses up to \$500 per member per enrollment year for DME. If BadgerCare Plus pays a portion of the claim and the claim exceeds the member's enrollment year dollar limit for DME, providers may bill the member for the difference between the allowed reimbursement and the dollar amount paid by BadgerCare Plus.

Copayment

Copayment for the added DME items under the BadgerCare Plus Standard Plan, the Core Plan, and Medicaid is up to \$3.00 per item. Copayment for added DME items covered under the Benchmark Plan is up to \$5.00 per item.

Copayment for added DME items covered under the Basic Plan is up to \$10.00 per item.

If the reimbursement amount for an item is less than the copayment amount, the member should be charged the lesser amount as copayment.

Equipment Life Expectancy

Refer to the Attachment for information regarding equipment life expectancy.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS/HIV Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

P-1250

ATTACHMENT

Procedure Code Changes for Durable Medical Equipment

Effective for Dates of Service on and After January 1, 2013

Place of Service Codes			
Code	Description	Code	Description
01	Pharmacy	14	Group Home
03	School	31	Skilled Nursing Facility
04	Homeless Shelter	32	Nursing Facility
05	Indian Health Service Free-standing Facility	33	Custodial Care Facility
06	Indian Health Service Provider-based Facility	49	Independent Clinic
07	Tribal 638 Free-standing Facility	50	Federally Qualified Health Center
08	Tribal 638 Provider-based Facility	54	Intermediate Care Facility/Mentally Retarded
11	Office	71	Public Health Clinic
12	Home	72	Rural Health Clinic
13	Assisted Living Facility		

Provider Type	Description
04	Rehabilitation Agencies
05	Home Health Agencies
17	Therapy Groups
24	Pharmacies
25	Medical Equipment Vendors
53	Individual Medical Supply Providers
77	Physical Therapists
78	Occupational Therapists

Status	Proc. ¹ Code	Description	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Added	E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	RT/LT	Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	05, 24, 25, 53	\$3.00	4 every 2 years	\$219.00	Per policy
Added	E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction		Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	05, 24, 25, 53	\$3.00	5 years	\$6,538.73	Per policy
Added	E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches		Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72	05, 24, 25, 53	\$3.00	5 years	Manually priced	Y
Added	E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface		Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	05, 24, 25, 53	\$3.00	5 years	Manually priced	N
Added	E2378	Power wheelchair component, actuator, replacement only		Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	05, 24, 25, 53	\$3.00	5 years	Manually priced	Per policy

¹ Procedure.

² Entries in this column indicate whether prior authorization (PA) is required for this item.

³ The copayment amounts listed apply to members enrolled in the BadgerCare Plus Standard Plan, the BadgerCare Plus Core Plan, and Wisconsin Medicaid. For members enrolled in the BadgerCare Plus Basic Plan, the copayment amount is up to \$10.00 per item, and for members enrolled in the BadgerCare Plus Benchmark Plan, the copayment amount is up to \$5.00 per item.

⁴ Maximum allowable fees are subject to change. For current reimbursement rates, refer to the DME Index on the ForwardHealth Portal at www.forwardhealth.wi.gov/.

⁵ Entries in this column indicate whether the item is included in the nursing home rate. "Per policy" indicates that the item may be separately reimbursable for members within a facility if policy guidelines are met for that item. Refer to the Online Handbook on the Portal for more information.